

Spring 5-19-2018

Using Art Therapy Groups as a Treatment for Anxiety Symptoms in an Acute Partial Hospital Program

Jessica Visconti

Lesley University, jviscont@lesley.edu

Follow this and additional works at: https://digitalcommons.lesley.edu/expressive_theses

Part of the [Art Therapy Commons](#), and the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Visconti, Jessica, "Using Art Therapy Groups as a Treatment for Anxiety Symptoms in an Acute Partial Hospital Program" (2018). *Expressive Therapies Capstone Theses*. 99.
https://digitalcommons.lesley.edu/expressive_theses/99

This Thesis is brought to you for free and open access by the Graduate School of Arts and Social Sciences (GSASS) at DigitalCommons@Lesley. It has been accepted for inclusion in Expressive Therapies Capstone Theses by an authorized administrator of DigitalCommons@Lesley. For more information, please contact digitalcommons@lesley.edu.

Using art therapy groups as a treatment for anxiety symptoms in an acute partial hospital
program

Capstone Thesis

Lesley University

Tuesday, May 1, 2018

Jessica Visconti

Mental Health Counseling with a Specialization in Expressive Arts Therapy

Jason D. Butler, PhD, RDT-BCT

Abstract

The present research project focuses on how art therapy groups can be used in short-term intensive treatment to manage anxiety symptoms. Mental health treatment has shifted into short-term groups, usually without more than ten sessions that can be intimidating for clients struggling with anxiety symptoms. Art therapy can be a way to manage and reduce symptoms of anxiety in a group setting and quickly develop connections within the group members. Art therapy offers a contained structure and format that can create safety quickly. A clay based art therapy based group was implemented in an acute partial hospital program with adults with heterogeneous diagnoses, however all with anxiety symptoms. This group allowed clients to move past anxieties and remain present and focused. This paper will provide a brief overview of the current research and begin introduce an art therapy group format that can be used with a group in short-term mental health treatment setting.

Key words: anxiety/anxiety disorders, art therapy, group therapy, short-term, anxiety symptoms

Option One: Using Art Therapy Groups as a Treatment for Anxiety Symptoms in an
Acute Partial Hospital Program

Introduction

Anxiety, defined by the American Psychiatric Association (2013), as “anticipation of future threat” (p. 189), is an overarching problem throughout the United States. About 18.1% of adults in the United States experience an anxiety disorder (National Institute of Mental Health, 2016). According to the American Psychiatric Association (2013), “the symptoms of generalized anxiety disorder tend to be chronic and wax and wane across lifetime. [...] rates of full remission are very low” (p. 223). Key features of generalized anxiety disorder include “persistent and excessive anxiety and worry about various domains including work and school performance, that the individual finds difficult to control” (APA, 2013, p. 190). Generalized anxiety disorder also includes physical symptoms, such as “restlessness or feeling keyed up or on edge, being easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension, and sleep disturbance” (APA, 2013, p. 190). Anxiety can also be present in other mental health disorders. Studies have shown that heightened anxiety in adults with a psychiatric diagnosis may lead to detrimental effects, including an increase in suicidal ideation (Diefenbach, Woolley, & Goethe, 2009; Horesh & Apter, 2006).

Current listed treatments for anxiety include psychotherapy, cognitive behavioral therapy, group therapy groups, peer support groups, and various types of medication (NIMH, 2016). However, art therapy in group settings could also be a successful treatment for anxiety symptoms. The American Art Therapy Association (AATA) defines art

therapy as: “an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship” (2017). Group art therapy creates a space where people remain present, feel less isolated and are able to express difficult emotions and feelings nonverbally and safely. Moon, (2010) wrote, “art based groups are particularly effective because they allow members to express feelings and relate to others in ways that are not dependent upon the capacity to articulate” (p .xv) There has been extensive research of long term psychotherapy groups, but a lack of research on short term groups. Gonzalez-Dolginko, (2016) found in her research, “a lack of material to inform and support art therapists best clinical practice in such short-term acute settings” (p. 57).

I was inspired to do this research after my experience as a clinical expressive therapies intern in an acute partial hospital program. I have found in the experience of groups, even in a mix of diagnosis, different forms of anxiety symptoms affect group members. Clients attend the program for five to ten days, with group members changing daily depending on admission and discharge, which can effect client anxiety and comfortability. As a facilitator, I needed to find a way for clients to begin to relieve symptoms and feel connection to the group. The art making itself and the support of the group can help feel less isolated. Art making and the creative process reduced symptoms and helped groups find points of connection. Art offered new way to describe and understand symptoms. Because I worked with clients for a short period of time, I was curious if there were research about the best practices of short-term treatment for anxiety and the use of art therapy.

Anxiety Symptoms

Key features of anxiety include “persistent or excessive worry [...] that the individual finds difficult to control” (APA, 2013 p. 190). Symptoms of anxiety are common and distressing in various differential diagnosis (APA, 2013, p. 225) including social anxiety, obsessive compulsive disorder, post-traumatic stress disorder, depressive, bipolar and psychotic disorders. When working in short-term treatment settings, the client population is a heterogeneous mix of diagnoses, but most group members will be able to identify with symptoms of anxiety. Common sources of anxiety can include being in a new group, medication changes, and discharge.

Houvenagle (2015), wrote “acuity, especially anxiety, in itself, is a barrier to being in a group of strangers” (p 95). He acknowledged if there is high turnover in the group members, it can diminish intimacy found in traditional group. Houvenagle (2015) wrote, “the acute patient tends to have increased anxiety and less ability to participate in new situations. Such patients tend to have more anxiety when talking about themselves” (p. 96). Houvenagle (2015) recommends, “the therapy group should be a structured experience that provides as much stability as possible”(p. 96). Art therapy can work as a container. Houvegle suggested, “the game of group therapy in the PHP/IOP [Partial hospital program/intensive outpatient] setting is essentially task oriented in nature and guides the patients in treatment” (p. 100). Kimport & Hartzell (2015) found in their research the importance for “therapists to be cognizant of the anxiety experienced by adults on inpatient psychiatric units, as well as to develop interventions to quickly and effectively help these individuals manage anxiety” (p. 188). Anxiety is common in acute partial hospital programs both in client treatment goals and psychoeducational curriculum

is utilizing coping skills. Engaging in the arts in a therapeutic way can help clients discover new coping skills that can also be continued once they have been discharged, as found by Kimport & Hartzell (2015), “because the intervention timeframe was only 10 minutes, this task may be practical in real-world settings” (p. 188) .

Art therapy groups

Gonzalez-Dolginko, (2016) reviewed current literature focused on the art therapists working in short term acute adult psychiatry and expressed this review indicated “a lack of material to inform and support art therapists best clinical practice in such short-term acute settings” (p. 57). She reviewed different formats of art therapy groups, including groups with art therapy directives, psychoeducational groups, and studio art groups. Psychoeducational art therapy groups “may not get into the issues deeply, they are more appropriate for short-term work because they help patients with insight and development of coping skills, which may reduce recidivism” (p. 63), stating the importance of focusing on different goals while in short-term treatment. Gonzales-Dolginko (2016) wrote when she switched from running long term to short term groups, her goal become “to use materials and techniques that supported quick patient insight and awareness” (p. 63).

In her research, she found other researchers also found a need for specific art therapy theory and practice policy related to short-term psychiatric care. She also concluded that most of the group research to date is based on the long-term formation of groups, which does not apply to the current state of mental health care in most hospitals. Similarly she calls for the art therapist to be skilled in a range of diagnosis and have background of best practices that support trauma. The groups may have different group

members from day to day and the facilitator must be aware of how to best lead with a changing group dynamic. She finds using a structured approach is important in offering containment. Art helped facilitate discussion because it gave patients a level of distance and metaphor.

Moon, (2010) wrote, “art based groups are particularly effective because they allow members to express feelings and relate to others in ways that are not dependent upon the capacity to articulate” (p .xv) Moon (2010) identified twelve therapeutic essentials present in art therapy groups:

1. Making art in a group settings creates a sense of ritual that provides psychological safety and promotes interpersonal emotional risk-taking.
2. Making art with others is a safe way to express pain, fear, and other difficult feelings,
3. Making art in the presence of others is an expression of hope.
4. Making art is a way to communicate that does not depend solely on verbalization
5. Making art in the presence of others reduces isolation and creates a sense of community.
6. Making art in a group setting provides ways to symbolize and express feelings regarding interpersonal relationships.
7. When members of a group make art they create shared experiences in the present
8. Making art with others fosters a sense of personal and communal empowerment.

9. Making art in a group setting promotes positive regard for the other members of the group.
10. Making art with others is gratifying and pleasurable experience.
11. Making art in a setting is an act of self-transcendence.
12. Art making in a group setting often leads to expression of ultimate concerns of existence.

These therapeutic essentials directly relate to many of the key points Houvenagle (2015) wrote about working in the APHP setting. Moon stressed the importance of following the lead of the client, and described his facilitation style, “help them express their feelings in a way that leads to new understandings of the meanings of their distress. Often, this helps clients feel more at ease, less anxious, and less in pain” (Moon, 2016, p. 173).

Drapeau and Kronish (2007) wrote a review of literature on the effectiveness of group art therapy and outline of the creative art therapy group program offered to adult psychiatric outpatients. This group met consistently for 6-8 weeks and included a mixed diagnosis, including depression, schizophrenia, schizoaffective, dissociative, borderline, and bipolar disorders. The use of art therapy groups was found to increase self-disclosure (p. 76). Drapeau & Kronish (2007) wrote “drawings helped patients reveal their feelings and often led them to discussions that would not have occurred without them” (p. 77). In an acute partial hospital setting clients need to feel comfortable disclosing to the group relatively quickly since they may only be in treatment a few days. Drapeau & Kronish (2007) found “the process of group art therapy enabled patients to disclose very intimate and worrisome issues.. safe and contained environment was a fundamental part of this

process” (p. 77). The clients had both short and long term affects of the art therapy group. One client “was very stressed by a personal event. He found that his pictures and the process of group art therapy allowed him to have a different perspective on his feelings and thoughts and alleviated his stress” (p. 80). Drapeau & Kronish (2007) found, “benefits gained by the patients who participated in art therapy groups, such as better self esteem and ego functioning and improvement in social skills, continued as long as nine months post treatment” (p. 77) demonstrating positive effects were able to maintained by the clients.

Chambala (2008) ran eight weekly art therapy groups in an inpatient psychiatric unit. Groups were small with four to eight clients and each group focused on different aspect of anxiety treatment. The format of the groups were introductions, clients sharing their relationship to anxiety, psycho-education focused on anxiety, art making, voluntary sharing, and the clients were offered the option of their art being in final show. Chambala (2008) wrote the “directives included drawing or painting anxiety as it appeared to each client, drawing or painting coping strategies for panic and worry, using clay, and creating a drawing in response to guided imagery while practicing relaxation techniques” (p. 188). The combination of psychoeducation and art making is similar to the structure used in acute partial hospital programs. Overall, clients expressed the art making provided containment and identification of excessive worries. This study could be used for potential format of groups.

Borchers (1985) researched after-care patients to determine if gains made in art therapy groups continued after treatment. The article did not specify diagnoses, just that all twenty-eight participants were all clients of a psychiatric clinic. The participants all

experienced “chronic and severe mental illness” and most were prescribed medication as well. This study included a control and experiential art therapy group, which met ten times, with each session lasting an hour and a half. The experimental group showed significant improvement in “attitude toward self”(p.89). Their findings suggest group art therapy contributes to self-esteem and socialization (p. 91), which are both imperative to the group process of a short term program. To determine the outcome of the study, scoring was completed by patients and therapists in both pre-test and post-test.

Curry and Kasser (2005) studied how various art activities reduce anxiety.

Undergraduate students were used as participants and anxiety levels were measured using the State Anxiety Inventory when they began the study, after writing about a fearful experience, and after their artmaking. Students were given a mandala, a plaid design, or a blank piece of paper and invited to focus on coloring for thirty minutes in a single session. They found coloring mandalas were more effective than a free-form design in reducing anxiety. Vennet and Service (2012) replicated this study and their results also demonstrated positive anxiety reduction. They also found mandalas to be the most effective in reducing anxiety. Both these studies acknowledged that coloring is not art therapy, however, the results are still positive for art making. The authors encourage more art therapy focused interventions be studied and used. I found several similar articles about this type of coloring that reduced anxiety. (Eaton, & Tieber, 2017, Vennet & Service, 2012). Although these studies were not done with clinical anxiety, they demonstrate the use of art methods as a coping skill in a general population. The flexibility of art therapy groups within a partial program can apply to specific group, as well as focus on skills clients can use within the community. The format of these studies

inspired my process when exploring my own relationship with art and anxiety, shown in Appendix B.

Luzzatto and Gabriel (2000) developed a short-term group art therapy model titled “The Creative Journey” focused on “healing the inner self” after trauma from cancer treatment and trusting the environment. Although this model was developed for work with posttreatment cancer patients, they presented the group as helpful for patients that feel “empty, uncreative, negative, anxious, and depressed” (p. 266). They described the purpose of the workshop to facilitate self-expression and offer an experience of transformation. These workshops followed a group format to create structure and safety, starting with guided visualization, describing the project and offering specific techniques, art making, viewing, the art and optional verbal sharing or asking for feedback.

Luzzatto and Gabriel (2000) outlined their ten-week art therapy group curriculum. Sessions included working with collage, poetry, painting, drawing, and guided imagery. The last three workshops focused on mental images were most influential on the development of my method and theme. The authors wrote, “possibility of transforming chaos into order is usually reassuring and sometimes inspiring, as it may symbolically reflect other areas of the patient’s life” (p. 268). This idea of transformation inspired my response art to the word “anxiety”, shown in Appendix B. At the time the article was published ten week group had been running for five years. The authors analyzed written feedback from 70 patients, in which three main themes emerged “change in mood or feelings, increase in self awareness, and change in attitude toward others” (p.268). Patient’s specifically named their experience “helped them overcome fears of self-disclosure”(p.269).

Using Clay for Anxiety Reduction

Kimport and Robbins (2012) researched the efficacy of creative clay work for reducing negative mood in a randomized controlled trial of undergraduate students testing anxiety reduction and mood enhancement. After causing an anxiety response through watching a stressful news report, participants used clay to create a pinch pot, work freely with clay, use a stressball with a tester, or use a stress ball independently. This intervention lasted five minutes. Both clay groups were found to be significantly more effective in reducing state anxiety than either of the stress ball groups. It was found “participants in the clay conditions experienced more than 50% greater mood improvement than individuals exposed to the stress balls” (p. 77). This nonclinical sample suggested clay could be used therapeutically.

Kimport and Hartzell (2015) studied using clay as anxiety reduction method in a psychiatric inpatient, hoping to expand on success of pinch pot making to reduce anxiety in nonclinical sample. A one-group pretest/posttest design was used patients on a psychiatric unit using the State Trait Anxiety Inventory to measure anxiety before and after the intervention. Forty-nine participants worked with the choice of white Model Magic clay or white Air Dry clay (Kimport & Hartzell, 2015, p. 186). These types of clay “were chosen after five art therapists with experience working in an adult psychiatric inpatient setting were consulted about which two clay materials would be most appropriate for these individuals” (Kimport & Hartzell, 2015, p. 186). Model Magic was chosen as a material because it is “lightweight, easily manipulated, does not cling to skin or surfaces, and can dry without kiln firing” (Kimport & Hartzell, 2015, p. 186). The study found the 57.1% of participants used both types of clay, 30.6% used only Model

Magic and only 12.2% just used airdry clay, which demonstrated a possible preference for the Model Magic (Kimport and Hartzell, 2015, p. 186). The majority of participants, 87.8% chose to keep their pinch pots, even though they would not receive them until discharge (p. 187). Kimport and Hartzell (2015) found the “clinical implications from our study relate to the significant decrease in anxiety following the intervention and the high levels of baseline anxiety reported by this sample” (p. 187).

Methods

My research method began reviewing literature related to anxiety, short term groups, symptoms of anxiety, and art therapy groups. I searched the Lesley online database, as well as journals in the library. The data for my research was the feedback from the group participants.

Personal Exploration

I explored my own relationship with anxiety, shown in Appendix B. The format of these studies by (Eaton, & Tieber, 2017, Vennet & Service, 2012) inspired my process when exploring my own relationship with art and anxiety. To begin exploring my relationship with the symptoms of anxiety, I created art after I read. I started with a circle and familiar mandala pattern I have worked with before. I started using the color black because it felt grounding. This felt containing and allowed me to process affect of external circumstances on anxiety, using grey and black. Reflecting on my image, the grey and the black felt too flat without the presence of another color. I felt I needed to add red to signify the energy and physical processes involved in anxiety symptoms, specifically the feelings of restlessness and being on edge. I began to process with my image, wondering what I was seeking to reduce these symptoms and came to the word control. Lang and

Mcneil (2006) found a significant negative relationship between anxiety and feeling a sense of control was found, which could suggest that anxiety for patients may be associated with feeling a loss of control while in the hospital. Naming what I needed from the image felt like a good place to pause. I did not particularly like this image.

I started using colors from my original artistic inquiry into anxiety. Instead of working within the circle, I scribbled in a way that felt more raw. Inspired by Lazzatto (2000) and the idea transforming chaos, I began to rip up my image. I then reflected on the colors that could be the antidote for these negative feelings, came to green and yellow. The image began to transform into a flower image, which symbolized growth. I also reflected it represented the way group members' experiences and symptoms often come together to create a bond and reduce the feeling of isolation.

After my personal exploration and literature research, I chose to explore with clay because it offered a unique sensory experience and a transformative experience. Kimport and Robbins (2012) asked "to reflect upon something negative that was weighing on his or her mind and to write the event down on a piece of paper (not collected)" (p. 76) before the participants worked with clay or a stress ball. Instead, I began writing down my own sources of stress and anxiety into the clay. It felt relaxing to watch the negative words melt into the clay and shift the clay into a new beautiful color. I labeled it with the word patience. The blue clay labeled "trust" I created while running the group.

Group Session Plan Creation

From my literary research, personal artistic research, and personal logs created of experiential I have used previously, I began to develop a working group session plan that could be used with this population, incorporating key elements found in the research

including the use of ritual, structure, and expression. My method focused on structure and safety emphasized in art therapy and acute partial program literature. The group consisted of a brief check in, a warm up, art making, closure and opportunity for discussion, similar to the art therapy groups mentioned in various articles. The group would include time for individual art making and expression, as well as connecting with the group. I

implemented the art making as a warm up in a graduate classroom setting as an opportunity to receive feedback on my directives used throughout the method. Materials needed include white model magic clay and markers.

I integrated aspects of Luzzatto and Gabriel (2000) “stress and its opposite” and “chaos to order” workshops into my method. In their group, patients were encouraged to chose colors and forms they associated with stress and create a metaphor. They were then were instructed to think of their own opposite of stress and chose colors and shapes to represent their opposite. The group aimed to reinforce the awareness that the opposite feeling does exist and that people are capable. I changed the idea of stress to a more open directive, not knowing what clients would be focusing on when I facilitated the group. I also felt it was important to include the idea of transformation, offering clients the integrate various parts of their experiences.

Gonzalez-Dolginko, (2016) described using psychoeducational art therapy groups to help patients with insight and development of coping skills and use material to focus on quick patient insight and awareness. I chose to work with model magic clay because of its sensory properties and its convenience, “Model Magic is lightweight, easily manipulated, does not cling to skin or surfaces, and can dry without kiln firing” (Kimport & Hartzell, 2015p. 186). Kimport and Hartzell (2015) also found participants who chose to only use

one clay type proffered model magic, suggesting that Model Magic may be more popular with these individuals (p. 187). Moon (2010) described the art space and material are container for group and the importance of structure and clear directive help with resistance.

The method was implemented during a forty-five minute scheduled expressive therapy group time at an acute partial hospital program. The program consists of two to ten group members depending on the current census. The client population is a mix of heterogeneous diagnosis. Most clients at any given time identify anxiety as presenting problems. The method was implemented with a drama therapy student present in the group, but not acting as a facilitator. The findings were tracked through an artistic reflection done previous to the group, journaling after the group and processing with my co-intern after journal. The following session plan was developed from my literature review and feedback from peers.

Art therapy Session Plan

Warm up:

The group would first start with introductions including group member's names and a brief verbal check in. Next the group would begin a short meditation, in which they are invited to begin noticing internal and external distractions. The script of this meditation can be found in Appendix A. This could include physical aspects, emotional aspects, conversations, or interactions they feel they are still holding onto too.

Theme Development:

The clients are invited to begin working and warming up the clay, continuing to notice anything that is coming up for them. The clients are next invited to begin to write a

word, draw, or use color to represent something they would like to begin to move or shift onto the model magic. The clients are next invited to work with the clay and mix the color into it. The clients can continue to add words they would like to shift. This relates to the idea theory of transforming “chaos” and the existence of opposite feelings offered by Luzzetto (2000). Clients are then given time to continue working with the clay, shaping into the final form of their choice.

Closure

The group members are invited to share one word/sound/movement they would like to leave and one word they would like to take away. The session then moves into a more open discussion of any experiences the group members would like to share.

Results

The participants included three clients participating in the program. I acted as the facilitator and my co-intern was also present for any additional support. The age of participant's ranged from 25 to 58 years old. The group consisted of one woman and two men. Their diagnosis included Bipolar 1, generalized anxiety disorder, recurrent major depressive disorder, and post-traumatic stress disorder. This particular group had all been attending the program for five days and were missing one group member who left before the group started. All clients identified anxiety symptoms as a current presenting problem during their intakes. This was their fourth group of the day and took place after an hour long break.

When my co-intern and I entered the room, the group members were already sitting, all on separate sides of the table. I asked the group members about their break and did an informal check in of the room as I put the materials on the table. I choose not to

have the clients introduce themselves because they had already spent several program days together.

In the noticing warm up some group members closed their eyes when we began and others did not. When I offered group members to find a comfortable position, everyone shifted. Some members shifted to put their feet on the ground and others sat up straighter. When group members were invited to “notice their breath” most people in the group breathed more deeply and audibly, including myself. Different techniques I witnessed group members engage in included, ball making, tube rolling, auditory hitting, smashing/pounding, switching from hand to hand, and squeezing between fingers. When I offered members to notice the scent, everyone smelled their clay. One client remarked how white the clay was and asked if he would get to add color. The noticing meditation and warm up with the clay took up fifteen minutes. Two group members asked clarifying questions about what to do with clay. One participant asked to repeat directives.

As the participant’s worked with the clay, I invited them to think about anything they were holding on to they wanted to start to shift or move. This could be a feeling or a memory from earlier or something physical in their body. I directed them to choose a color that represented what they wanted to move and either write this into their clay or use the color to represent this feeling or experience. All group members began to write or add color. One client asked “do we write it down?” I responded they could write or represent it with color. Another client asked “do we have to share these with the group?” I responded that he could share any piece he was comfortable sharing at the end of group. He appeared to work more freely indicated by his relaxed facial expression. He also appeared more engaged, quickly and intensely writing words and mixing them into the clay. The colors

began to mix in and client's continued to write or add colors. Two group members worked quietly, and one group member worked very audibly with his clay, pounding it into the table.

While I observed the participants, I noticed one client that was normally distracted during group by his phone did not use his phone once and appeared more engaged than in previous groups. He appeared more relaxed, indicated by smiling and increased eye contact. Another client stopped working on her puzzle, her indicated coping skill, throughout the meditation and the clay work portion of the experiential and did not resume until the discussion portion of the group. Although participants worked individually, the group worked in similar timing, indicating group cohesion.

I invited the group members to share verbally or expressively, one word they wanted to shift and one word they wanted to take with them. However, this led into a more open discussion about the client's overall experience. A discussion about the group members experiences took place the last ten minutes of group. One member shared her beginning words, "anger and negativity." She expressed "I actually did feel it shift when you said that." She used the color yellow represent God, "God has gotten me through everything" She shared she planned to place her finished piece next to her bed with other pieces she has made in the program. Another client also identified working with "negativity, anger, stress, frustration." He wrote the message "this will pass" as his final offering but mixed it into his clay. He continued to work with the clay during our discussion. The clients appeared to connect with each other's experience, indicated by eye contact and nodding.

One client was particularly engaged in the color aspect. He shared each color he mixed in. He did not share the words he wrote in his clay, instead focusing on his artistic process. “I really like this blue, the pastel color is very soothing”. He noted his favorite color he added was no longer prominent. He shared his final word “contentment”. He asked my final word, which I shared was trust. When I ended the group, I told the participants they could chose to keep their clay in it’s final form and allow it to dry or if they wanted to continue working with it they could keep it in a air tight container. One client left his in the program for other clients to see, one client, as mentioned, took hers home to keep in an area with her other coping skills used in the program. One client continued to work with the clay and took his home.

After the group ended, I wrote in a stream of consciousness style to remember as many aspects as I could, as well as notice any elements that stuck out first. I included aspects of my own experience, specific group members, and noted overall shifts and changes in behavior. This journaling was used to inform my paper. After I had completed journaling, I processed with my co-intern. Her feedback included possible extension of the group and to offer different specific ways to work with the clay, included using a different body part besides hands or marker.

Discussion

From my literature review and from my group, it appeared anxiety symptoms are a significant problem in short-term groups. This was indicated by all the clients in my group identifying anxiety as a presenting problem. As suggested by Gonzales-Dogniko (2016), I focused the goals of the group to “help patients with insight and the development of coping skills” (p. 63). Working with clay and art therapy appeared to be a way to manage

these symptoms, indicated by the active participation of the group members, and a group member specifically naming “I actually did feel it shift.” Moon (2010) found “Making art with others is a safe way to express pain, fear, and other difficult feelings” (p .xv). The artistic process allowed a client to express privately what he did not want to share with the group, but continue to participate throughout the group and share during the group discussion in a way that felt safe for him.

Limitations of the study included the small group size. In the future this could be done with a larger group and repeated multiple times to determine if feedback was the same. This specific group format could be adapted to be used with different ages and populations. I consider the group to be successful, indicated by their expression of feelings change. It appeared the clay itself was very soothing, as well as the opportunity to express difficult emotions privately and share safely other pieces of his experience within the group. This experiential offered the opportunity to participate in multiple ways, regardless of client anxiety. Even though all the clients participating identified anxiety as a current presenting problem, they were able to participate and make connections with group members. It offered clients the opportunity to express in word or color, depending on their comfort. The experiential could be expanded on and could be further explored with more sessions and further discussions.

Conclusion

Art therapy offers the opportunity to discuss from the art. Because art therapy is nonverbal, it can allow group members to share and participate with decreased anxiety. Because of the mixed nature of this group, there can be unequal participation. Art can

allow help people participate nonverbally and in different ways than the traditional group therapy group.

My findings suggested a need for my research on both the effects of art therapy on symptoms of anxiety and of art therapy short-term groups. My process to find finding information on short-term groups and on anxiety was difficult. My findings suggest a need for my research on both the effects of art therapy on symptoms of anxiety and art therapy short-term groups. I believe art therapy offers the ability to manage anxiety symptoms within the group, build connections, ability to express difficult emotions and the opportunity to develop new coping skills within the safety of the group.

References

- American Art Therapy Association (2017) <https://arttherapy.org/about-art-therapy/>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.) Washington DC: American Psychiatric Association.
- Borchers, K.K. (1985). Do gains made in group art therapy persist? A study with aftercare patients. *American Journal of Art Therapy*, 23, 89-91.
- Chambala, A. (2008). Anxiety and art therapy: Treatment in the public eye. *Art therapy*, 25, 187-189.
- Curry, N.A. & Kasser, T. (2005). Can coloring mandalas reduce anxiety?, *Art therapy*, 22, 81-85.
- Diefenbach, G. L., Woolley, S. B., & Goethe, J. W. (2009). The association between self reported anxiety symptoms and suicidality. *The Journal of Nervous and Mental Disease*, 197(2), 92–97. doi:10.1097/NMD.0b013e318196127c
- National Institute of Mental Health (March 2016). *Anxiety Disorders*. Retrieved from:
- Drapeau, M.C. & Kronish, N. (2007). Creative art therapy groups: A patient treatment modality for psychiatric outpatients. *Art therapy: Journal of American art therapy association*, 24(2), 76-81. doi: 10.1080/07421656.2007.10129585
- Eaton, J. & Tieber, C. (2017). The effects of coloring on anxiety, mood, and perseverance. *Art therapy*, 34, 42-46.
- Green, B. L., Wehling, C., & Talsky, G. I. (1987). Group art therapy as an adjunct to treatment for chronic outpatients. *Hospital and Community Psychiatry*, 38 (9), 988-991.
- Houvenagle, D. D. P. L. (2015). Group Therapy. In, *Clinician's guide to partial*

- hospitalization and intensive outpatient practice (1)*. New York, US: Springer Publishing Company. Retrieved from <http://www.ebrary.com>
- Kimport, E. & Hartzell, E. (2015) Clay and anxiety reduction. A one-group pretest/posttest design with patients on a psychiatric unit. *Art Therapy*, 32(4). 184-189.
- Kimport, E. & Robbins, S. (2012) efficacy of creative clay work for reducing negative mood: a randomized controlled trial. *Art therapy*, 29(2). 74-79.
- Lang, A. J., & McNiel, D. F. (2006). Use of the Anxiety Control Questionnaire in psychiatric inpatients. *Depression and Anxiety*, 23, 107–112.
doi:10.1002/da.20133 Puskar,
- Luzzatto, P. (2000). The creative journey: A model for short term group art therapy with posttreatment cancer patients. *Art therapy*, 17, 265-269.
- Morris, F.J. (2014). Should art be integrated into cognitive behavioral therapy for anxiety disorders?. *The arts in psychotherapy*, 41. 343-352.
- Moon, B. (2010). *Art-based group therapy: Theory and practice*. Springfield, Illinois: Thomas Books.
- Moon, B. (2016). *Art-based group therapy: Theory and practice*. Springfield, Illinois: Thomas Books.
- Vennet, R. & Service, S. (2012). Can coloring mandalas reduce anxiety? A replication study. *Art therapy*, 29(2). 87-92.

Appendix A

Noticing Meditation Script:

Find a comfortable position in your chair. This may include sitting with your feet flat on the floor and sitting in an upright position, but if something else feels right, listen to your body.

You can close your eyes if that feels comfortable and safe, or find something in the room to focus on while maintain a soft gaze.

Take this time to notice your breath. Try to notice without judgment. There is no need to change it, just notice it.

Notice anything that is pulling your attention. Notice the sounds you hear or any smells in the room. Notice any tastes in your mouth.

Continue to notice without judgment. Notice if there is anything pulling your attention in your body, any parts that are carrying any tension, stress, or feel good.

Notice anything else that you're bringing with you: any thoughts that are coming up or any moments or conversations from the day. Notice if you're carrying any emotions with you. Notice your breathing again and if it has changed at all.

I'm going to bring clay around to each of you, and I invite you to continue this attention and begin exploring the clay. Notice how it feels in your hands. Notice any smells or textures about the clay. Continue to work with the clay.

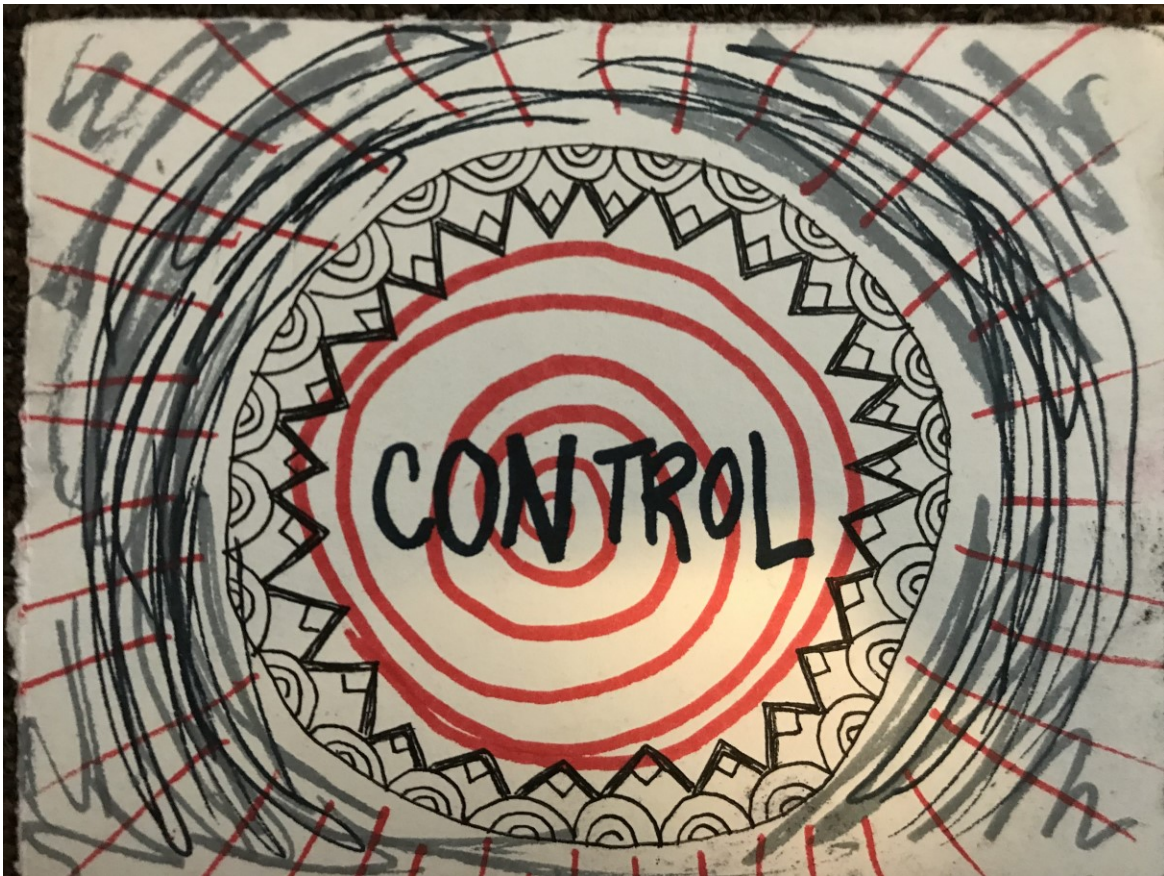
Notice what you can do with the clay. Begin to write anything you would like to move or shift. This could be an emotion, memory, or anything you're holding on too. If you do prefer not to write, you can use a color to represent this. Now, begin to work this

into the clay. How does it feel to watch it shift? Continue this with anything else you're holding on too.

I will now come around again with a new piece of clay. On this clay, I invite you to write or use a color to represent anything you would like to continue holding on too. You may add this with you're original clay or keep it separate. If you choose to add it, notice how both colors affect each other.

Appendix B

Artistic Reflection: Anxiety



Artistic Reflection: Transformation



Artistic Reflection: Examples and self inquiry

